**HOME BLOOD PRESSURE READINGS**

**NAME: ……………………………………………………………………………………………**

**DOB: ……………………………………………………………………………………………...**

**ADDRESS: ………………………………………………………………………………………**

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| **DATE** | **BP MORNING** **X 2** **1 MINUTE APART** | **PULSE MORNING** | **BP NIGHT** **X 2** **1 MINUTE APART** | **PULSE NIGHT** | **NOTES****E.G. HEADACHES, DIZZINESS ETC** |
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